



Hale Mauiola Evaluation Report

May 2020

Anna Pruitt, PhD, Eva McKinsey, BA,
& Jack Barile, PhD
University of Hawai'i at Mānoa



Hale Mauliola Evaluation Report

May 2020

Anna Pruitt, PhD, Eva McKinsey, BA,
& Jack Barile, PhD
University of Hawai'i at Mānoa

Executive Summary May 2019 - May 2020

A total of 368 individuals have received HMO services between May 1, 2019 and May 31, 2020.

The majority of these residents have been male and Native Hawaiian or Other Pacific Islander.

Over a third were chronically homeless, and 71% had a disabling condition at program intake, particularly mental illness. Of the surveyed HMO clients, most reported having significant physical and mental health challenges at program entry.

Most residents were referred from homelessness service agencies, and 21% were self-referrals.

The median length of stay at HMO was 89 days. Some residents who have stayed longer than the 90 day limit have become leaders at HMO, assisting in operations and outreach.

273 exits occurred during the evaluation period. The majority of exits have been to temporary destinations. However, over a quarter of exits have been to permanent locations.

Half or more of surveyed residents reported being ready to make a change in regard to employment (50%) and housing (89%) upon entry.

From entry to latest annual assessment, number of residents with any income slightly decreased from 66.8% to 60.7%. However, 15% of residents increased in the amount of total income.

Most residents indicated permanent housing was the most pressing need and expressed need for housing close to shopping/groceries and transportation.

Surveyed residents were more likely to report having someone to "talk story with" and less likely to report having tangible social support. However, residents have indicated that the type of culturally-based social support may not be fully captured by established social support measures. Evaluation next steps include working with staff and residents to develop an appropriate social support measure.

While data collection was disrupted due to COVID-19, evaluators are working with residents & staff to amend the evaluation design to meet safety protocols and to capture program impacts, particularly social support and employment/income gains. Additional next steps include assessing differential impacts among residents who self-refer and those who referred by other entities.

External Evaluation conducted by
Anna Pruitt, PhD
Eva McKinsey, BA
Jack Barile, PhD

Ecological Determinants Lab
Department of Psychology
College of Social Sciences
University of Hawai'i at Mānoa

For questions, please contact

annars@hawaii.edu or
uhecolab@gmail.com

www.uhecolab.com



Ecological
Determinants Lab



UNIVERSITY
of HAWAII®
MĀNOA

Table of Contents _____

Introduction.....1

Program Information.....1

Residents.....4

Benefits & Income.....6

Hale Mauiola Assessment Tool Baseline Data.....7

 Health-related Quality of Life.....7

 Stress and Life Satisfaction.....8

 Employment & Income.....8

 Readiness to Change.....9

 Social & Community Support.....10

 Violence & Trauma.....10

 Housing Preferences.....11

 Service Use & Needs.....11

Summary.....12

Next Steps.....12



Introduction

This evaluation report provides program and baseline resident data for the period of May 1, 2019 through May 31, 2020 for the Hale Mauiola Emergency Shelter program (HMO) facilitated by the Institute for Human Services, I.H.S.

This external evaluation was conducted by researchers at the University of Hawai'i at Mānoa. Data includes program archival data, Homeless Management Information System data, and monthly survey data. Due to COVID-19, data collection was disrupted, resulting in fewer follow-up surveys. Therefore, this evaluation reports on baseline survey data only.

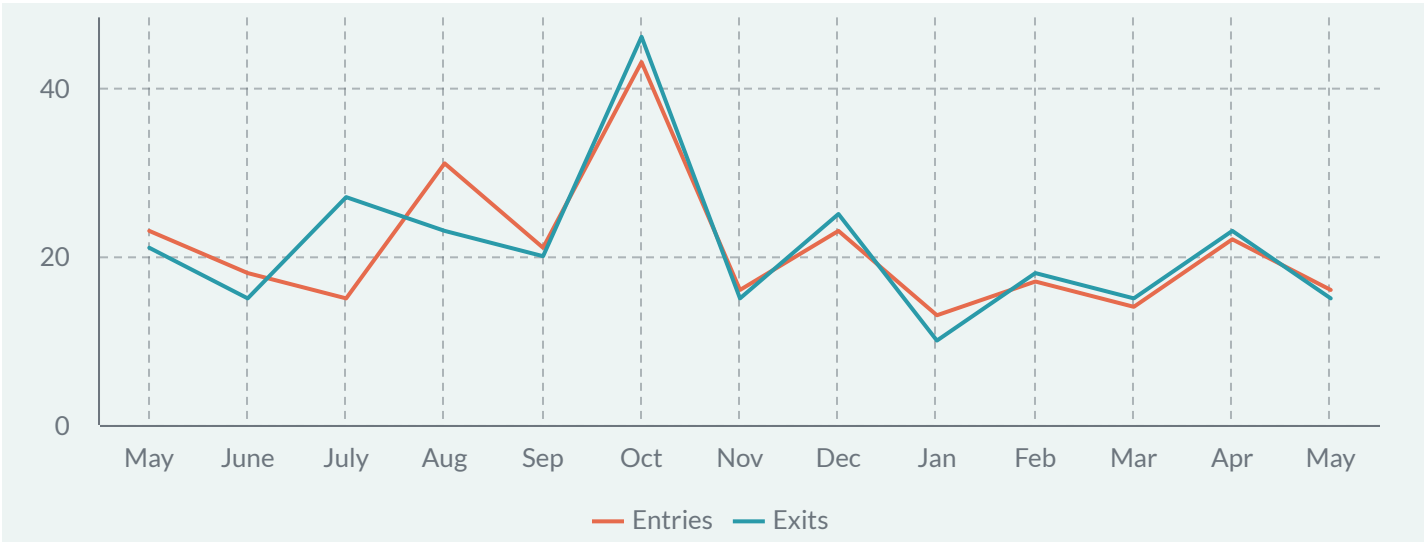
The first section of the report summarizes program data from the evaluation period. The second section presents findings from resident baseline survey data.

Program Info

May 2019 - May 2020

Intakes & Exits by Month

Between May 1, 2019 and May 31, 2020, 272 entries and 273 exits occurred, with 368 people receiving services. The most entries and exits occurred in October 2019. In July more exits than entries occurred, while this trend was reversed in August. January saw the fewest entries & exits.



Total Residents

368

Total Residents

received HMO services during the evaluation period.

Current Residents

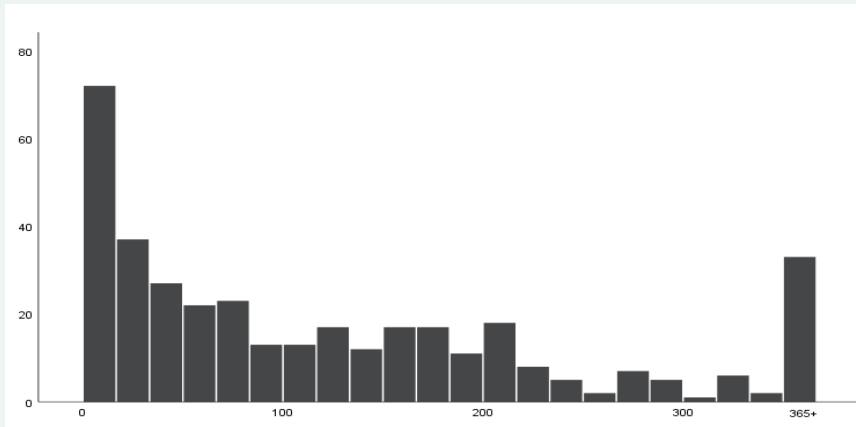
95

Current Residents

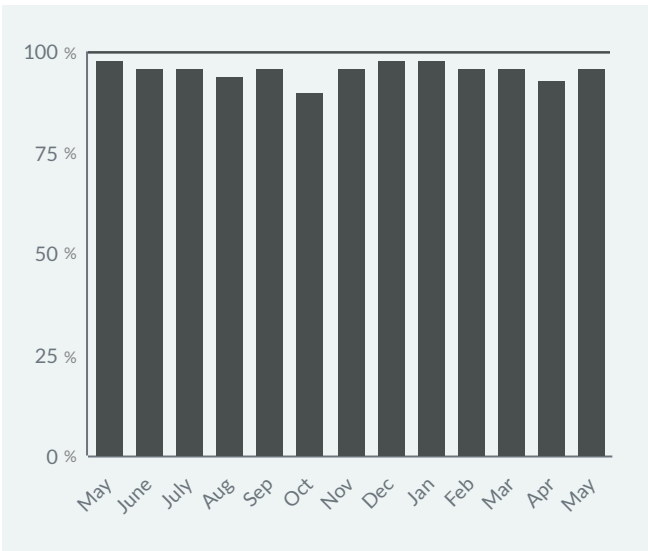
enrolled in HMO as of May 31, 2020.

Length of Stay

The average length of stay at HMO was 133 days (median = 89 days) for all residents enrolled between May 1, 2019 and May 31, 2020 (N=368).



Average Monthly Capacity



*Average percent of total units occupied.

The highest frequency of residents stayed less than 20 days at HMO, with the second highest frequency staying a year or more.

Those residents who have stayed longer periods of time are largely comprised of leaders from encampments who have taken on leadership roles within HMO. These leaders assist with outreach and with daily upkeep at HMO.

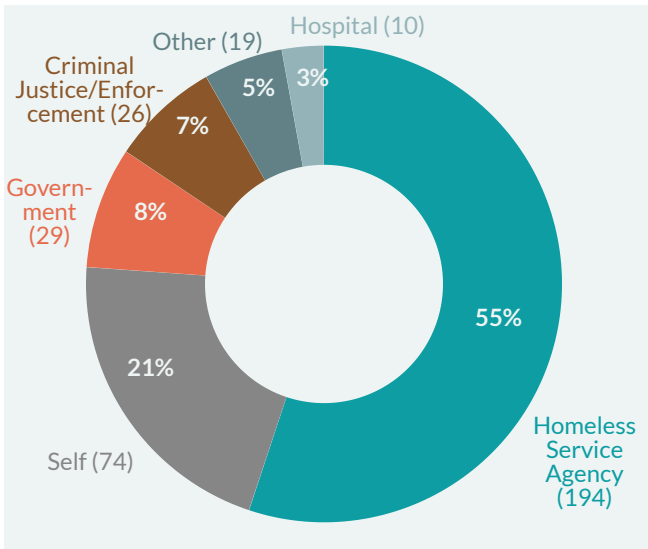
HMO has operated at almost full capacity since May 2019, with never less than a 90% monthly average of units occupied.

The majority of resident referrals have been from Homeless Service Agencies (55%), many of which were internal.

Approximately 21% of referrals were self referrals.

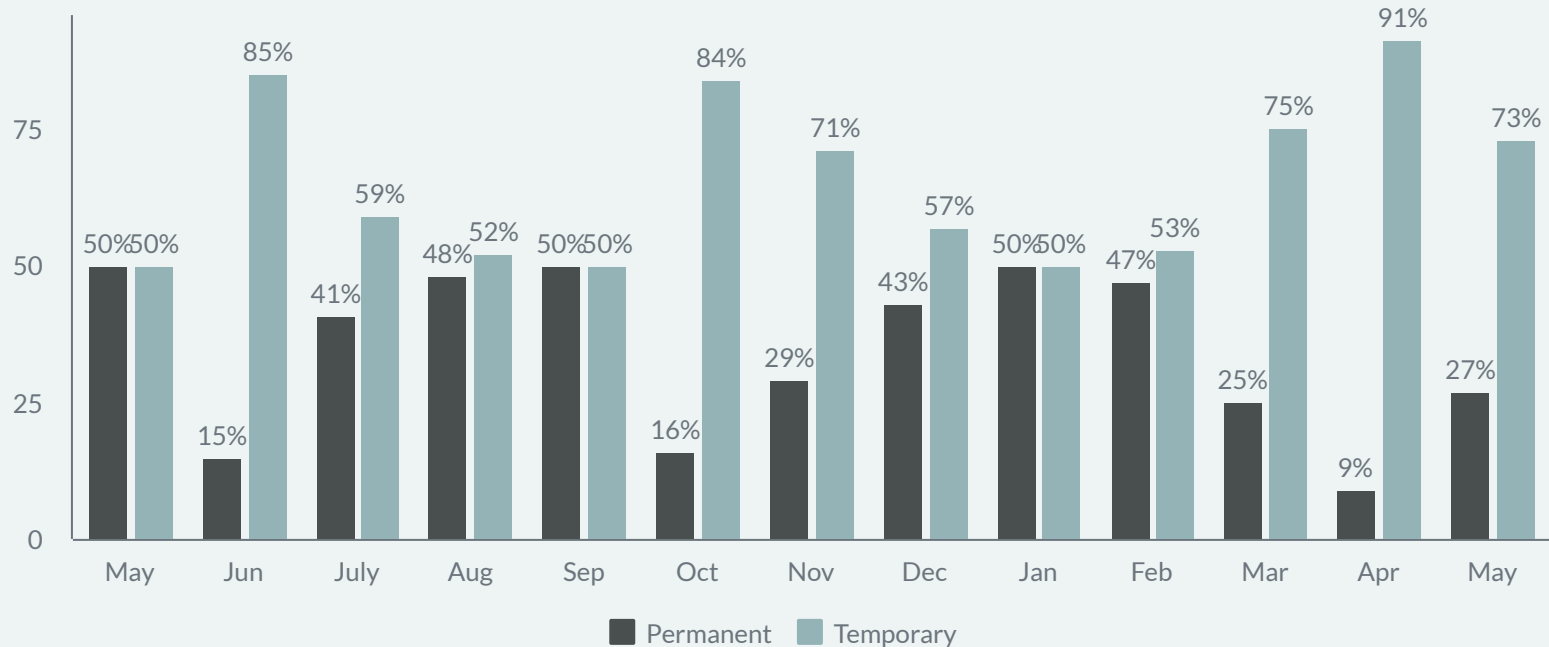
Referrals from government agencies and criminal justice referrals (e.g., enforcement) comprised about 7-8% of referrals.

Referrals



*Missing referral data on 16 residents.

Exits by Month



271

Exits

between May 2019 and May 2020.

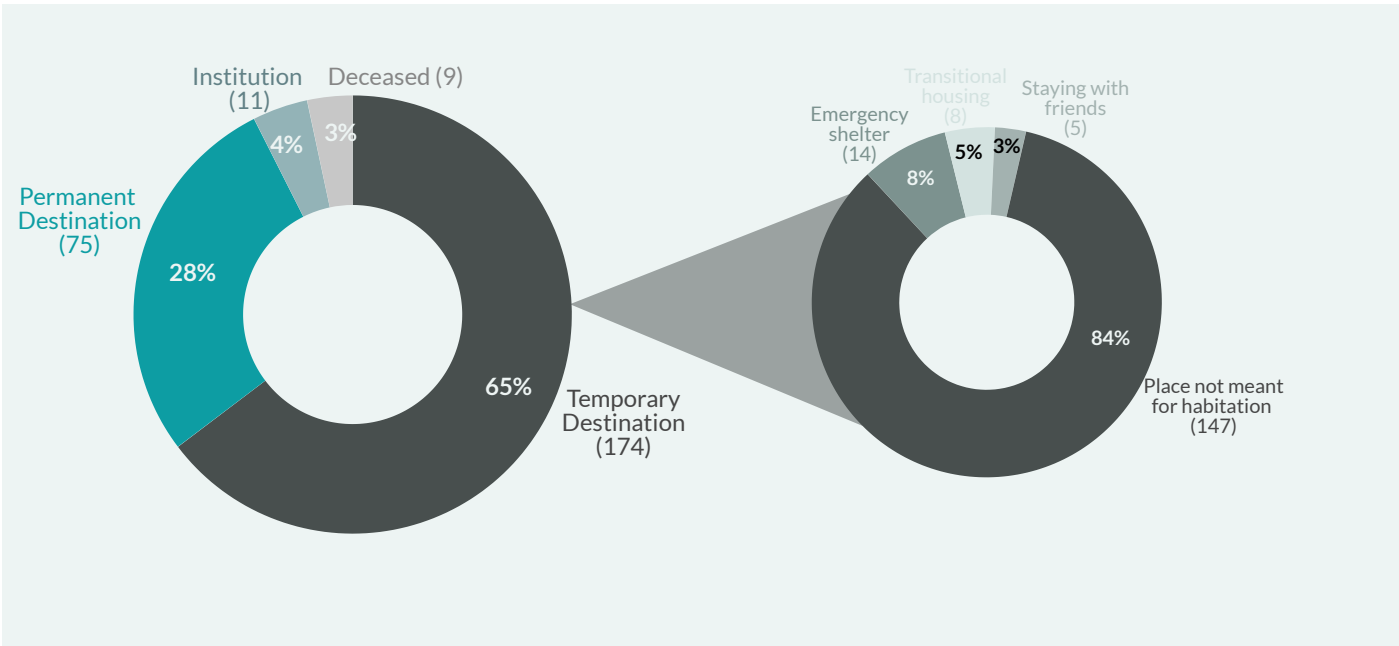
The majority of exited clients have exited to temporary destinations.

- The vast majority of exits to temporary destinations were to places not meant for habitation.

Over a quarter of exited clients have exited to permanent housing.

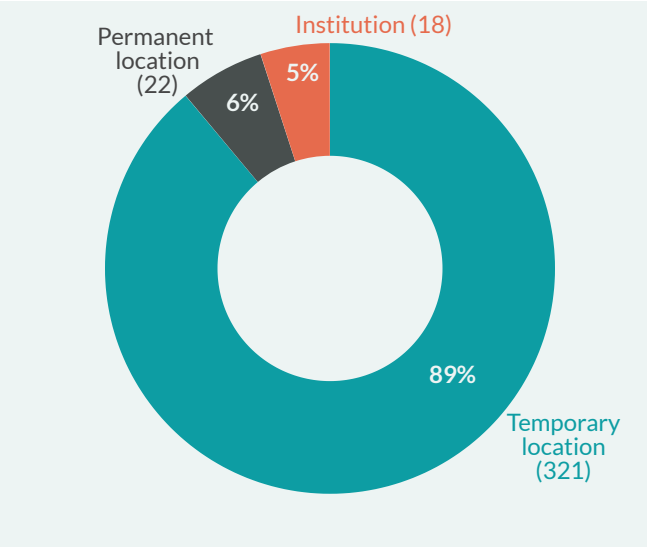
- The largest percentages of exits to permanent housing occurred in May 2019, September 2019, and January 2020.

Exit Destinations



*Missing destination data on 4 clients.

Prior Residence



The majority of residents entered HMO from other temporary locations.

The majority also had lived in HI for at least a year or longer upon program entry.

71% of residents had at least one disabling condition at program entry.

Mental illness was the most commonly reported condition at entry, followed by chronic illness.

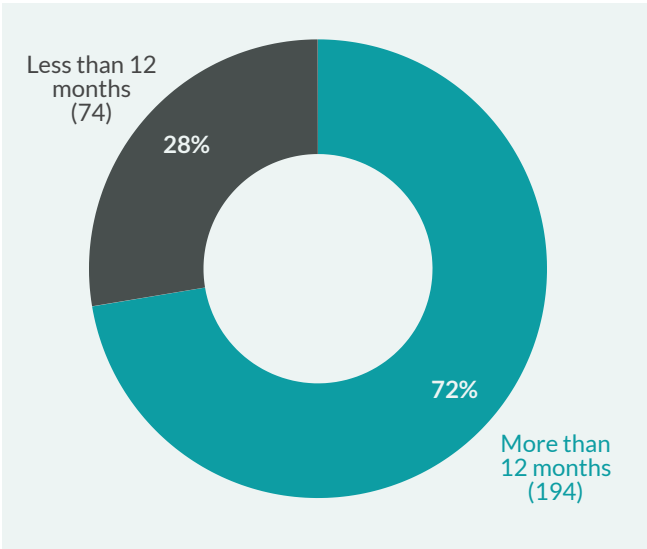
60% of residents were male.

50% of residents were Native Hawaiian or Other Pacific Islander and 40% reported Native Hawaiian ethnicity.

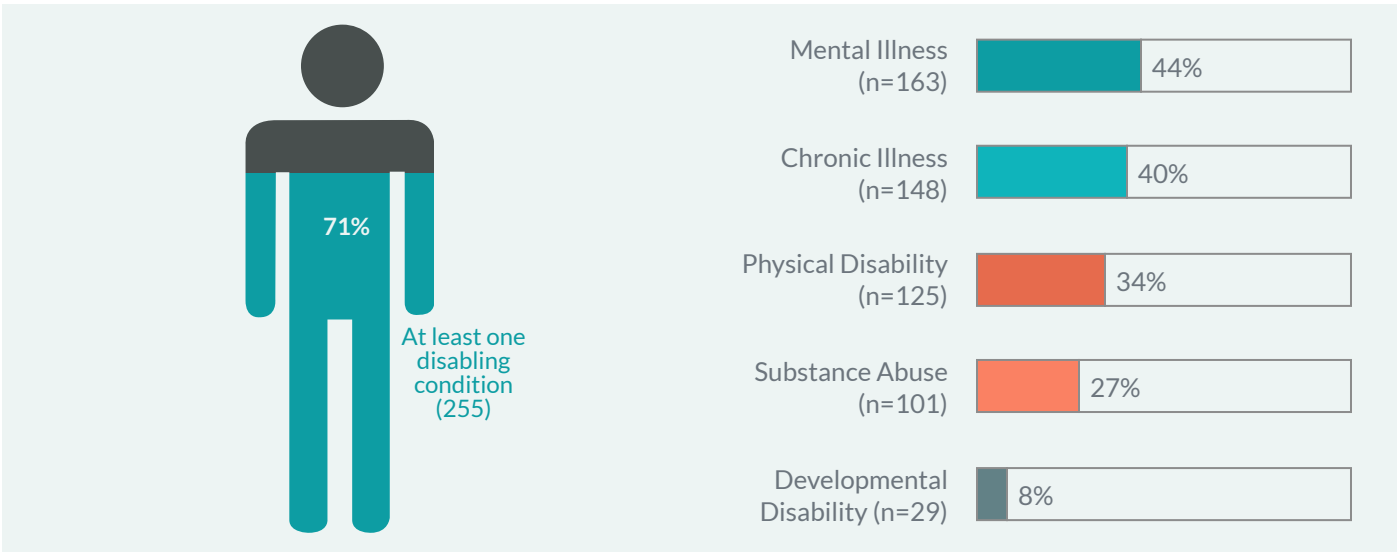
The median age was 49 at program entry.

41% of residents were chronically homeless at entry.

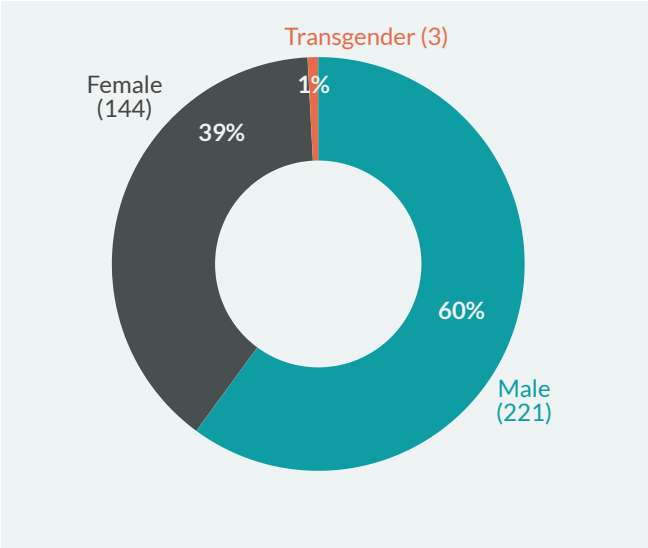
Length of Time in HI



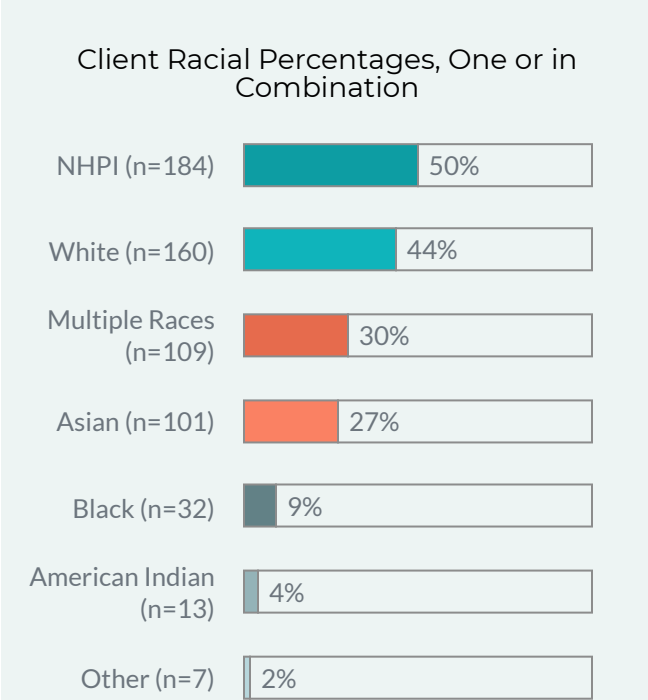
Disabling Conditions



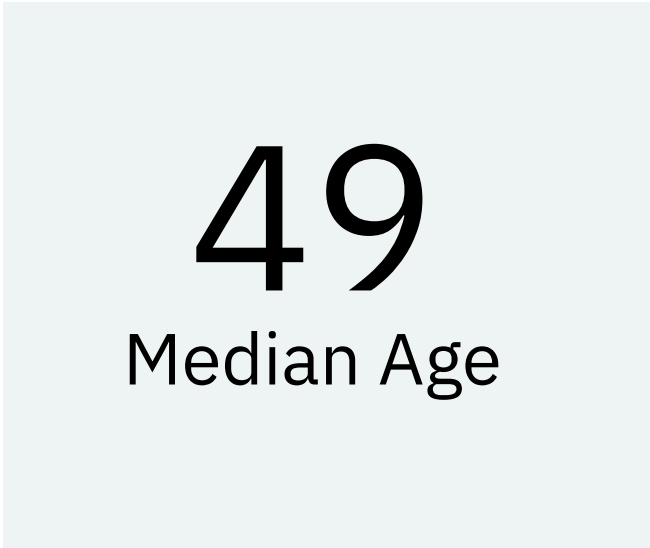
Resident Gender



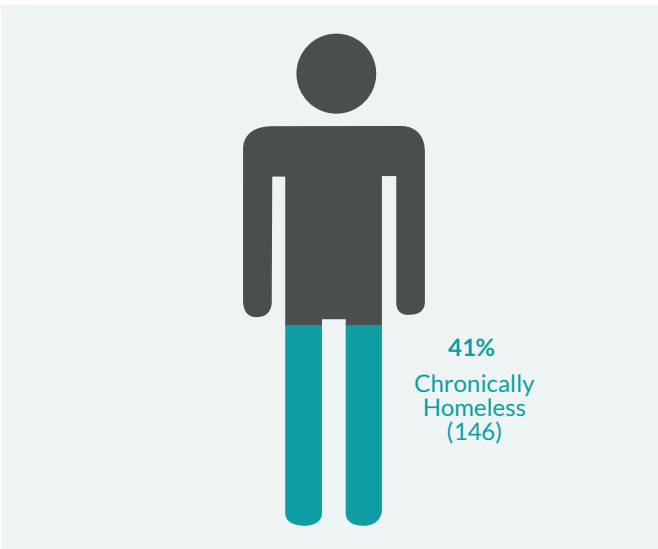
Resident Race



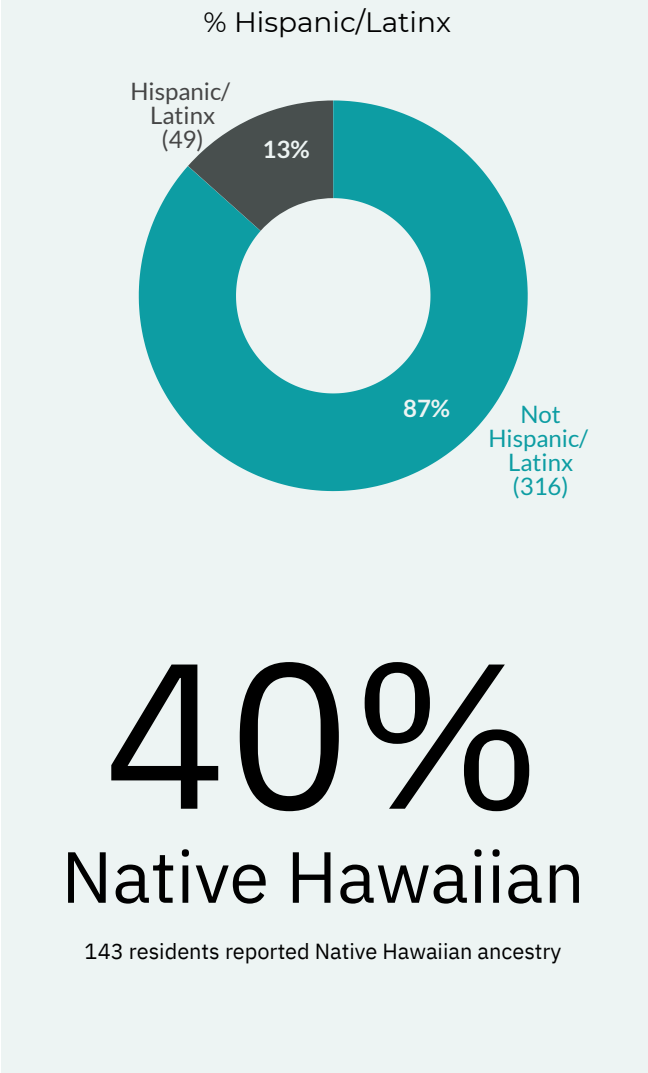
Resident Age



Chronic Homelessness



*Missing chronicity data on 9 clients.



Income at First & Last Assessment

The majority of clients (N=262) reported income information at both entry and latest annual assessment. From entry to latest, the number of clients with income slightly decreased regardless of income source:

- Clients with earned income decreased from 15.3% to 12.7%.
- Clients with other, non-earned income* decreased from 54.2% to 49.2%.
- Clients with any income (earned and/or other) decreased from 66.8% to 60.7%.

Eighteen clients reported having no income at entry assessment but some form of income at latest assessment. Thirty-four clients reported having some form of income at entry but no income at latest assessment.



15% of residents increased the amount of their total income from entry to latest assessment.



Total Income

15%

of residents increased in the amount of total income from entry to latest assessment.

28%

of residents decreased in the amount of total income from entry to latest assessment.

57%

of residents reported no change in the amount of total income from entry to latest assessment.

*Other, non-earned income includes Unemployment, SSI, SSDI, VA Service, VA Non-service, Private Disability, Worker's Compensation, TANF, GA, Social Security Retirement, Pension, Child Support, Alimony or other spousal support, and other sources.

HMAT Data

At Baseline

This section reports on results from the Housing Mauiola Assessment Tool (HMAAT) collected at baseline between May 1, 2019 and May 31, 2020. Currently, 42 HMAATs have been collected for HMO residents within the first month of stay. The assessments have had varying degrees of completeness. This section summarizes data on health-related quality of life, stress, satisfaction with life, housing preferences, readiness to change, employment status, and service use and needs based on the baseline responses for each set of questions.

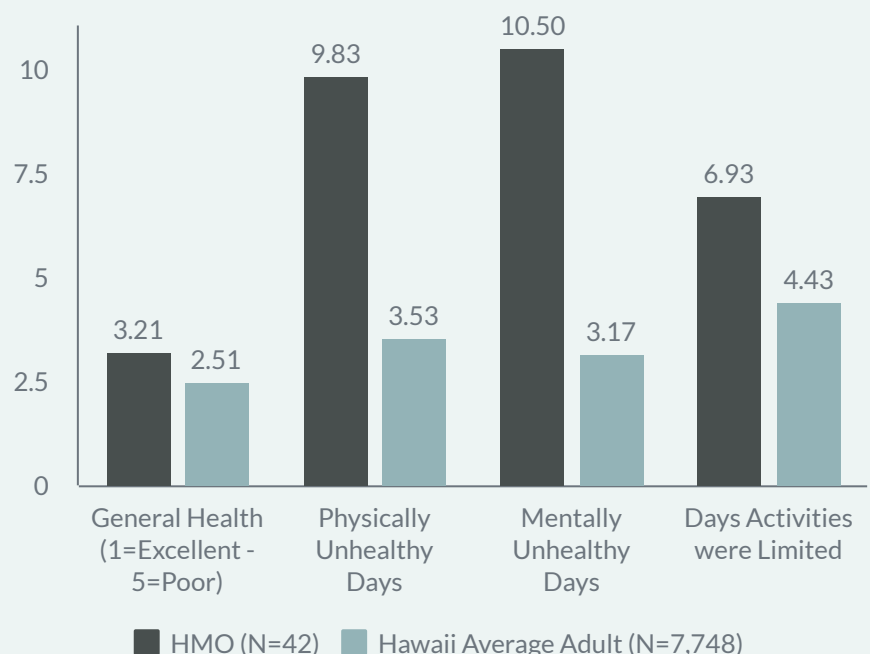
It is important to note that because this data represents only a small number of residents, this information is not generalizable to the entire client population. Additionally, this data is baseline and thus, **does not reflect program impact.**

Health-related Quality of Life

Healthy Days Measures: HMO Clients Compared to Average Adult in Hawai'i (HI)

At baseline, surveyed HMO residents reported worse mental and physical health in the past 30 days compared to the average HI adult.

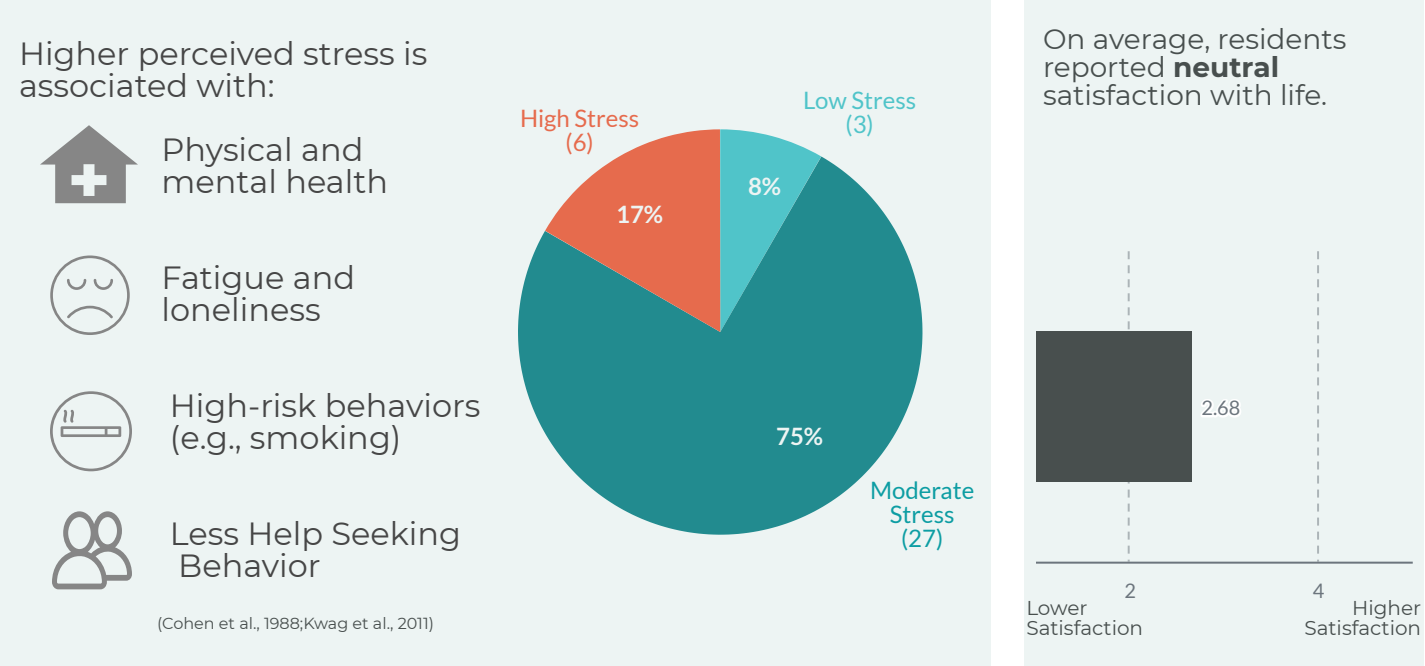
Most notably, mentally and physically unhealthy days were more than triple the number of unhealthy days reported by the average adult in HI.



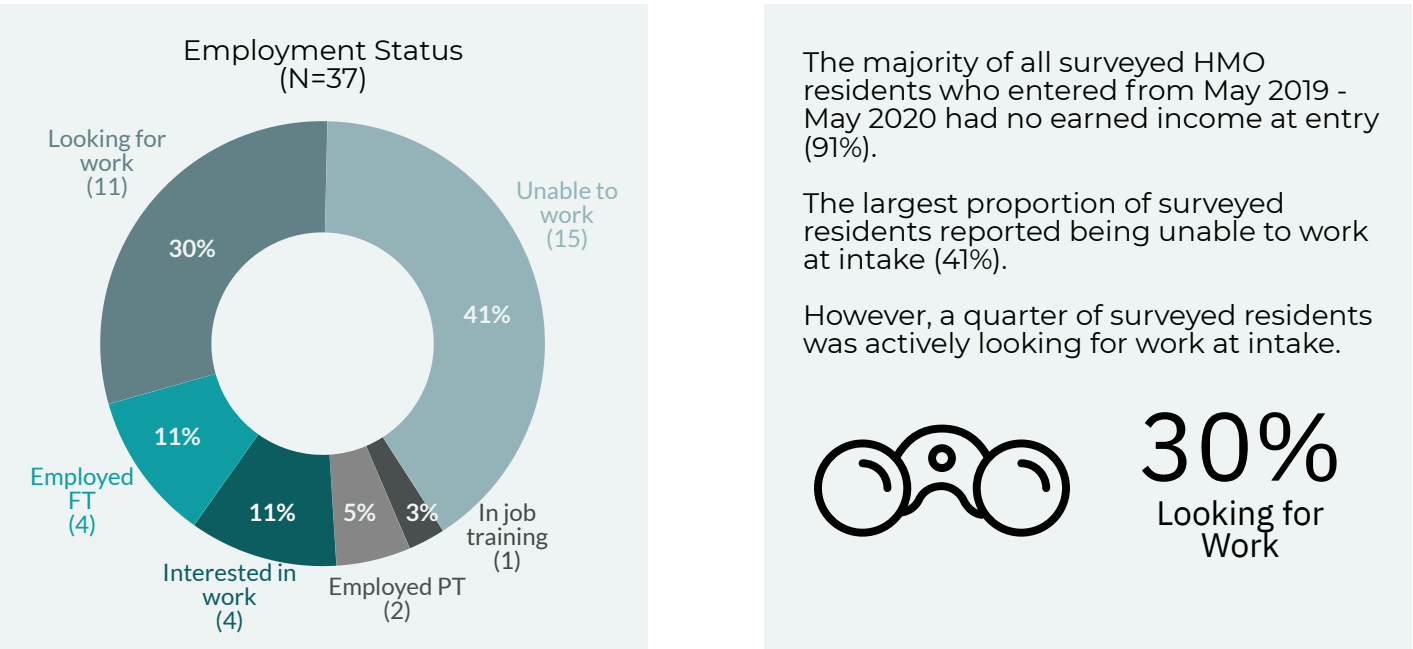
(CDC BRFSS <https://www.cdc.gov/brfss/index.html>)

Perceived Stress and Satisfaction with Life

The survey assesses perceived stress using the brief version of the perceived stress scale (Cohen, Kamarck, & Mermelstein, 1983). Three quarters of the surveyed residents met the criteria for moderate perceived stress, and 16% met the criteria for high perceived stress.



Employment & Income



Ave. Total Income (N=368)

 **\$518.80**

38% earned \$0 (n=138)

Ave. Earned Income (N=368)

 **\$131.33**

91% earned \$0 (n=335)

Readiness to Change

The survey assessed residents' readiness to change on a variety of indicators related to alcohol use, drug use, housing status, and employment status (N=38). None of the surveyed residents indicated feeling a need to make changes with regard to their alcohol use and few indicated a need to make changes with regard to their drug use. However, half of those surveyed indicated wanting to make a change to their employment status, and a large majority indicated wanting to make a change in their housing status.

Of residents who reported any drug use in the last 30 days (n=9)

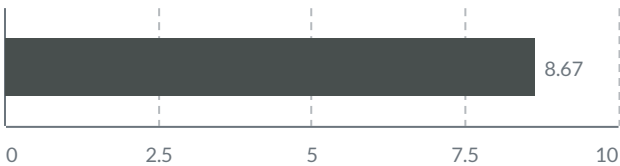
33%

Were ready to make a change in regard to drug use.



Residents cited self (n=2) and environment (n=1) as barriers to change.

Degree to Which Resident is Ready to Change (n=3)



Degree to Which Barrier Prevents Wanted Change (n=3)



50%

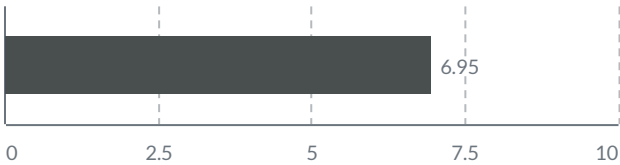
Of surveyed residents were ready to make a change in employment (n=19).

Over half of those were actively looking for employment at intake (n=11).

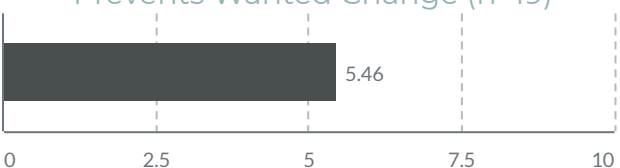


Residents cited health related factors (n=4) and transportation (n=2) as barriers to change. Five residents reported there were no barriers to change.

Degree to Which Resident is Ready to Change (n=19)



Degree to Which Barrier Prevents Wanted Change (n=19)



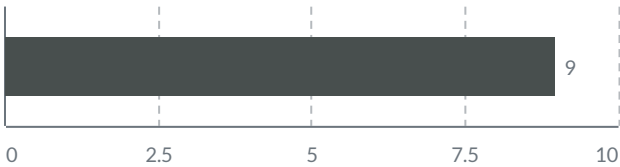
89%

Of surveyed residents were ready to make a change in housing (n=34).

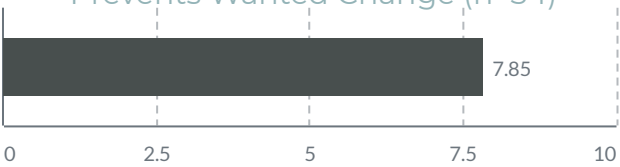


The majority of residents (n=26) cited finance-related factors (e.g., 1st month rent/ deposit) as barriers to change.

Degree to Which Resident is Ready to Change (n=34)

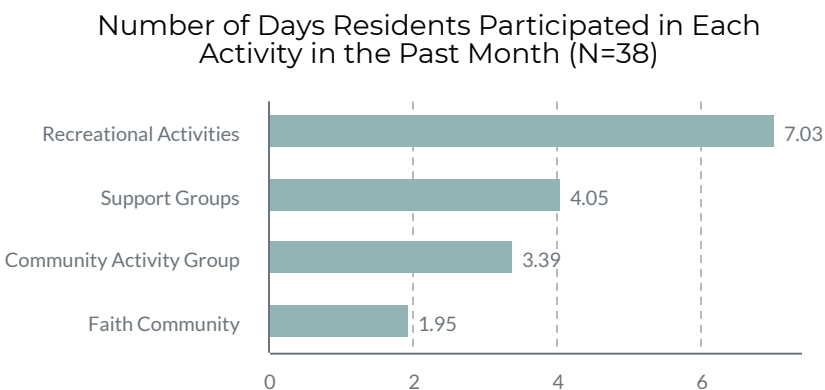
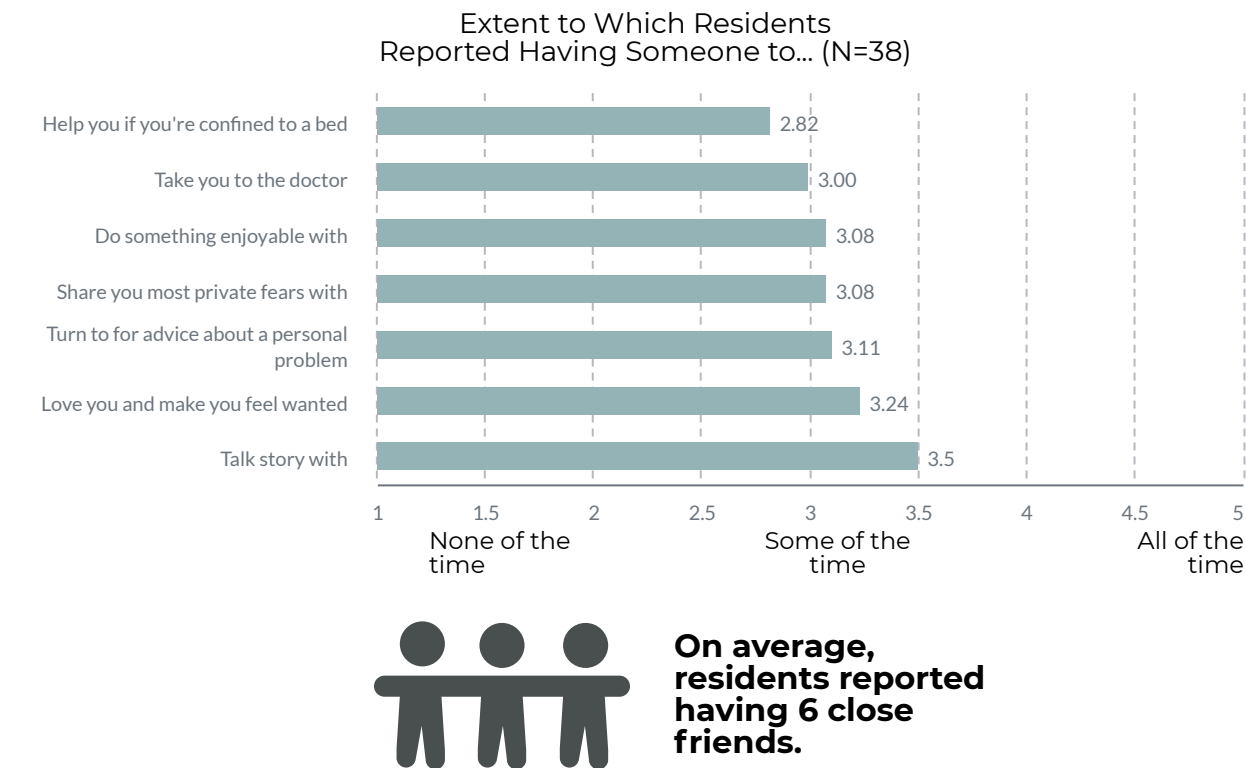


Degree to Which Barrier Prevents Wanted Change (n=34)



Social & Community Supports

Surveyed residents indicated having access to social support some of the time at intake. Residents were more likely to report having someone to "talk story with" and less likely to report having someone to provide tangible supports, such as helping if they were confined to a bed or to help take them to the doctor.



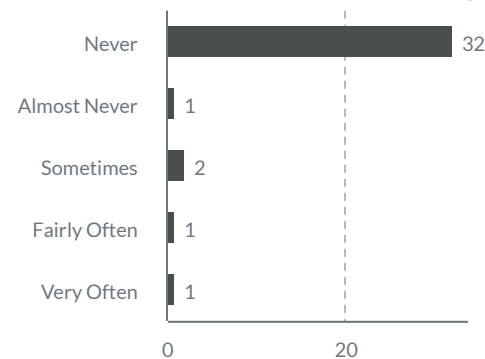
At intake, surveyed residents reported taking part in individual recreational activities on average of 7.03 days in the last month.

Residents reported taking part in support groups (e.g., A.A.) and community activity groups (e.g., sports, writing, etc.) an average of 4.05 and 3.39 days in the past month, respectively.

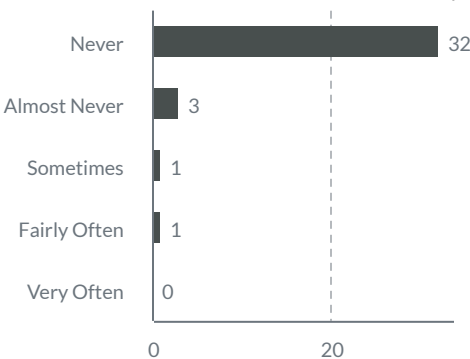
Violence and Trauma

The large majority of residents reported no experiences of violence, trauma, assault, or abuse directed at themselves or close others in the 30 days prior to intake.

Violence, Trauma, Sexual Assault (N=37)

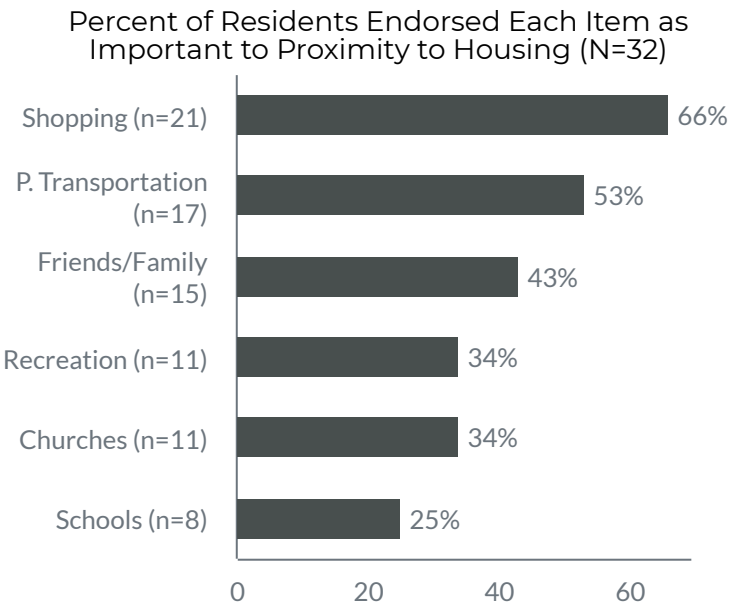
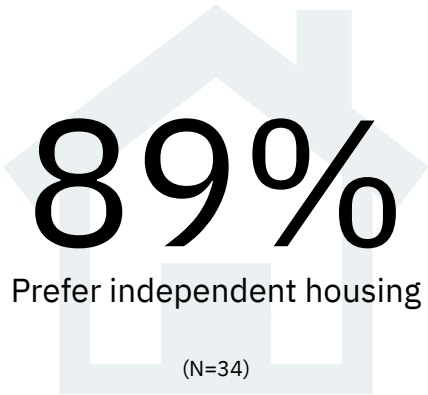


Abuse to Child or Close Other (N=37)



Housing Preferences

Most surveyed residents indicated a preference for an independent apartment close to shopping (e.g., grocery stores) and public transportation.

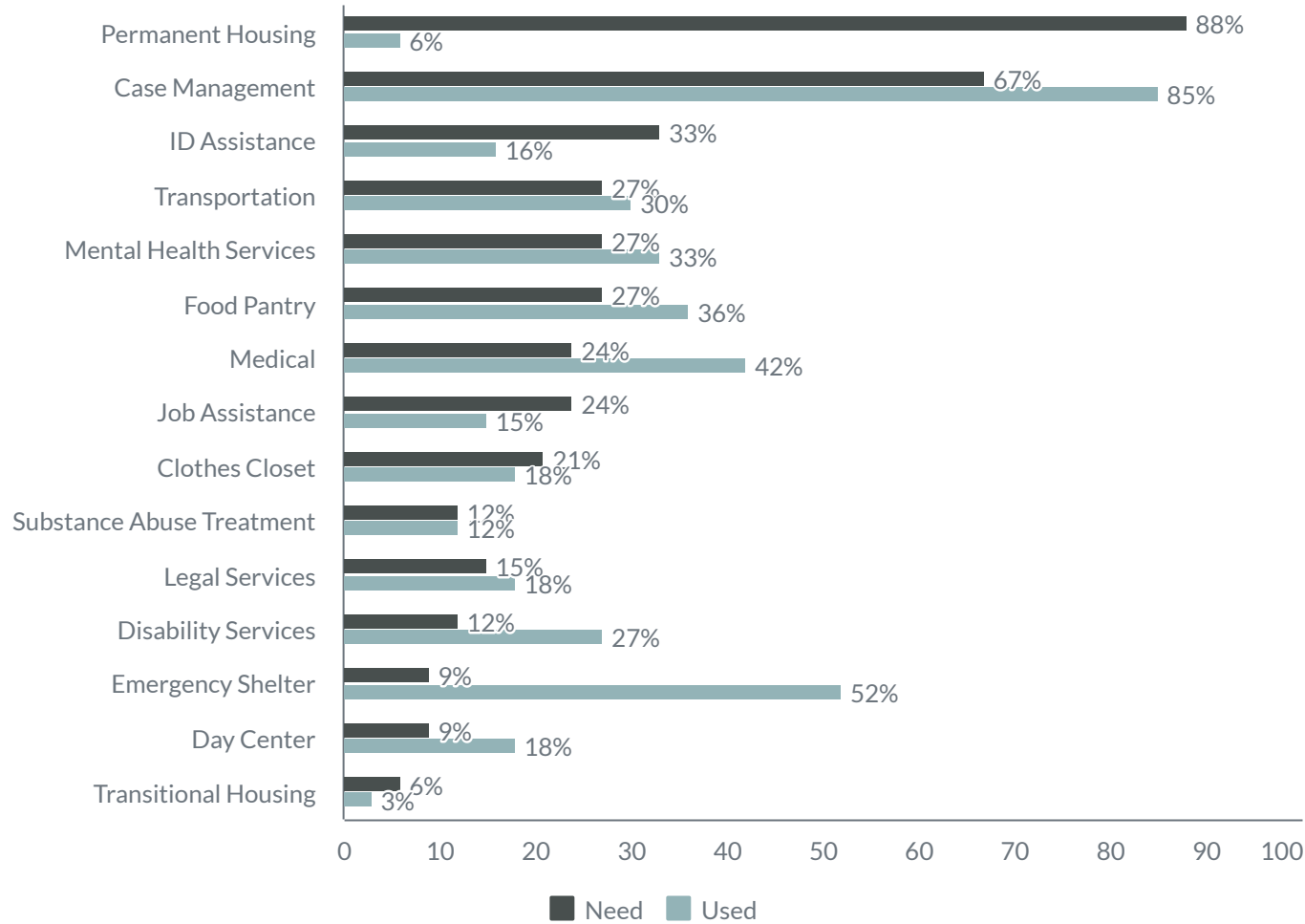


Services Used and Needed

The majority of surveyed residents indicated needing permanent housing (n=29).

The majority of residents indicated both using and needing case management.

Around a quarter or more indicated needing ID assistance, transportation assistance, mental health medical services, food pantry services, job assistance and mental health services.



Summary

HMO has been operating above capacity since May 2019, and residents stay a median of 89 days.

A total of 368 individuals have received HMO service between May 1, 2019 and May 31, 2020.

The majority of these residents have been male and Native Hawaiian or Other Pacific Islander.

Over a third have been chronically homeless and 71% had a disabling condition at program intake.

Most residents were referred from homelessness service agencies, and 20% were self-referrals.

273 exits occurred during the evaluation period. The majority of exits have been to temporary destinations.

However, over a quarter of exits have been to permanent locations.

The surveyed HMO clients reported having significant physical and mental health challenges at program entry.

Surveyed residents were also more likely to report having someone to "talk story with" and less likely to report having tangible social support. However, residents have indicated that the type of culturally-based social support may not be fully captured by established social support measures.

While the majority of surveyed clients indicated not being able to work at entry, those clients who were able are interested or actively looking for employment and were ready to make a change.

Most clients indicated permanent housing as the most pressing need and expressed need for housing that is near shopping/grocery and transportation.

Evaluation Next Steps

Due to the disruption in data collection related to COVID-19, evaluators have not been able to fully assess program impact.

The evaluation team will collaborate with HMO staff to develop a data collection plan that adheres to COVID-19 precautions in Summer 2020.

The evaluation team will also work with residents and staff to develop a culturally-grounded social support measure that better reflects the type of social support the program attempts to foster.

The next year's evaluation will also focus on examining COVID-19 impacts on the program and its residents. It will also investigate differences in outcomes (e.g., employment) related to differences in referrals (e.g., do individuals referred from enforcement fare better or worse than self referrals).